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Original Department.

Lectures.

DEFORMITIES OF THE NECK.

By Prof. Louis Bauer, M. D.,

Of Brooklyn, N. Y.

The cervical region is likewise subject to deformities. In most of them the head is temporarily or permanently drawn out of its perpendicular. Extensive burns bring about such results. Inflammation of the spinal apparatus and its pathological consequences disturb more or less the position of the head. Next, there happens a congenital deformity of the neck known by the term of wryneck—obstipitas capitis, or torticollis. And lastly, convulsive affections of the cervical muscles occur, commonly emanating from some affection of the spinal cord, which incessantly disturb the symmetry and position.

The two former we have already discussed on a prior occasion. We shall therefore limit our remarks to the two latter.

Wryneck—[Torticollis.]

This deformity is commonly of congenital origin, and consists of a permanent contraction of either of the sterno-mastoid muscles. We have seen but two instances of contraction of both those muscles, but had reason to believe them to be acquired by resp. inflammation of the cellular and muscular structures themselves, and that of the cervical portion of the spine. The latter, observed in a boy of 14 years, the spondylitis had entirely subsided but the consecutive muscular retraction had remained. In one case the scaleni muscles on one side were concerned in the deformity, and the sterno-mastoid free from contraction. And in quite a number of cases only the clavicular portion of the latter was implicated.

In the ordinary species of torticollis we have therefore to look upon the contraction of a single sterno-mastoid muscle as the proximate cause of the trouble, but know very little about its remote causation.

From analogy we may infer that morbid centrifugal innervation lies at the bottom, and we find therefore simultaneously other symptoms of kindred nature, as for instance, congenital strabismus, and the characteristic attenuation to the extent of the nervous province concerned.

In high graded cases of torticollis the deformity is very considerable and extends to the spine and the thorax.

The little girl which we operated upon in your presence to-day, cannot be set down as an aggravated case. She was too young for that. It is with torticollis as with clubfoot, age renders them worse. The diagram (fig. 81,) represents a further

Fig. 81.

advanced state of wryneck, and you notice its effects upon the frame.

First, it may be seen that the points of insertion of the right sterno-mastoid muscle approximate each other, and its tensity is exhibited by the prominence of its attenuated belly. The right side of the head is thereby drawn forward and toward the shoulder. The face is turned left, and the chin stands above the left side of the thorax. The right side of the face and neck is obviously atrophied, and the line of the palpebral margins slanting from the left to the right. The thorax seems to be, and actually is twisted on its axis from left

to right, and lifted upward. If you fix the thorax of such a patient and attempt to turn the head in the opposite direction, the contracted muscle becomes still more prominent and the patient experiences keen pains. And on the other hand, if the patient occupies the recumbent position, and the head is suffered to be placed on a level with the trunk, the thorax is drawn up and to the right, causing considerable and often so intense pain as to disturb the rest of the patient. In this way, we presume, the torsion of the thorax is effected, and in order to obviate this aggravation, the head should be well supported during sleep so as to relax the etracted muscle.

In viewing the same patient posteriorly (fig. 82,)

Fig. 82.

you can readily observe that the spine has assumed a serpentine line, being latterally convex on the left of the cervical, on the right of the thoracic, and not seldom again convex on the left of the lumbar portion of the spine. Sometimes there is but a single latteral curvature, comprising the two upper thirds of the entire spine, with corresponding elevation of the scapula and ribs of the convex side. These indeed inevitable deviations of the spine and the thorax disappear with the wryneck, and thus demonstrate again the correctness of our former observation, viz.: that a specifically mechanical disturbance of the centre of gravity cannot exercise any lasting effects upon the perpendicular of the spine.

The essential symptoms of wryneck are about the same, whether occasioned by contraction of the sterno-mastoid or one or the other of the scaleni muscles. From a comparison of the relative power and leverage of those muscles, it is obvious that the degree of torticollis must be greater when the sterno-mastoid muscle is the seat of the difficulty.

As an usual thing, wryneck is both congenital and permanent. This rule is, however, not without its exception. Inflammation of one of the sterno-mastoids, or any other of the rotatory and flexor muscles of the head will, at least temporarily, give rise to symptomatic torticollis; and affections of the cervical portions of the spinal cord is occasionally ushered in by the same symptoms. We mention those instances merely as points of theoretical interest, but inasmuch as their treatment lies in a very different direction from the ordinary form of wryneck we do not intend to occupy your time at this juncture.

If both sterno mastoids, or the scalene muscles on both sides, are shortened, the head is of course directly inclined. That deformity cannot be properly termed torticollis, nor double wryneck, as has been suggested. Inclination of the head would seem preferable.

The *prognosis* of common torticollis is favorable. Ever since the introduction of tenotomy, that deformity has been manageable. Nor are the consecutive effects of torticollis formidable obstacles to perfect restoration of the normal form; at least we have found them so in our practice. In advanced cases of long standing, the spinal deformity may possibly have become so rigid as to admit of no material amelioration, but such instances are exceptions from the prevailing rule.

The *treatment* of wryneck is either mechanical or operative, or both conjointly.

The mechanical treatment is admitted only in very slight cases of torticollis; it requires a long time to accomplish but little, and is generally too inefficient to be exclusively relied upon. Yet we have succeeded in two cases, and in a third that is now under our charge we hope likewise to succeed. The last we take occasion to exhibit to you. You perceive that the head of the little patient deviates but moderately, and that with some aid we have no difficulty to give it its normal position. But that habit has nothing to do with the existing deformity, can be readily demonstrated by the retraction of the right sterno-mastoid muscle being well marked, though not a very powerful one. Moreover, her parents assure us that the deformity has been observable since her earliest infancy. And since there are no local conditions to account for the trouble, we may safely assume its congenital origin.

Previous to the introduction of tenotomy, when mechanical contrivances had to be exclusively relied on in the treatment of torticollis, many contrivances were suggested to meet the exigency.

The needed mechanical assistance is, however, so simple, that we may safely dispense with the old harness. Thus, for instance, if you intend to apply extension, you may use an ordinary bed in the place of the costly orthopædic one. Stout adhesive plaster may be chosen in the place of leather belts and straps, and india rubber rings take the place of steel springs.

By a well-fitting body fastened to the bedstead, the counter-extension may be effected; the head drawn in the opposite direction by an appropriately cut and applied strip of stout adhesive plaster, and affixed by means of india rubber to a hook. That constitutes all your requirements.

But if you propose extension whilst the patient sits on a chair, you have to fasten a rod of well tempered iron to the back of the chair, bending like a helmet over the head of the patient, to which the plaster may be attached as to the bedhook. Or a similar contrivance may be joined to an ordinary dorsal supporter for posterior curvature of the spine, which would enable the patient to indulge in any posture he likes, inclusive of locomotion. We have, however, rarely resorted to those means even, inasmuch as a high and stiff leather necktie, as DIEFFENBACH usually preferred, answered every demand.

In finding the retraction too obstinate for extension, tenotomy is next in order. Practitioners not well acquainted with the help derived from the position of the patient and efficient assistance, evince a good deal of timorousness when called upon to divide the sterno-mastoid muscle. Indeed, the anatomical importance of the parts located near the field of the operative proceeding, and the apprehended danger of their injury, is quite enough to give tremor to the inexperienced hand. But, gentlemen, there is no real danger if you proceed with proper caution, and observe the advice we have offered repeatedly, viz.: *to raise the contracted muscle from its subjacent parts by proper extension.* When you last witnessed the operation at our clinic you will remember that we directed one of our assistants to fix the thorax well by placing his hands over the latter in such a manner as to embrace the shoulders, resisting at the same time the pull at the head; whereas, the second assistant had to draw the head and likewise to rotate it against the action of the retracted muscle. In doing so the muscle presented itself as a strong and tense cord, which could be easily circumvented by the finger. Thus you isolate the muscle and you meet with no obstacle in passing a straight and blunt pointed tenotome behind its tendon. You observe, therefore, that the safety of the operation depends on the tension of the muscle, and vice versa. And inasmuch as the sterno-mastoid muscle is not bound down by rigid fascial structure, as some others, its division can be usually rendered more safe than many other muscles in close proximity of vessels and nerves.

There is no objection to administering chloroform to the patient preparatory to the operation. But it sometimes happens that anæsthesis diminish the retraction of the muscle and thus obscures its contours. In such case we suggest the performance of the operation without it, or we first try mechanical means, inasmuch as the relaxation of the muscle under chloroform indicates that it has not as yet entirely lost its expansibility. We shall however return to this point.

The patient should be horizontally placed on a table, and the head brought in a position similar to that observed in tracheotomy. After the assistants have assumed their respective positions, you insert a pointed tenotome through skin and fascia and withdraw it. Next you introduce the blunt pointed knife. In using the same like a probe, you see that it passes through the punctured wound. You feel then the external margin of the muscle, and pass behind it sufficiently far to circumvent the clavicular portion, then you turn the cutting edge toward the tendon and divide it from within to without. If the deformity yields to redoubled extension, and you succeed in placing the head in proper position, the operation is finished; if not, you have to advance with the knife behind the sternal portion and divide that also in the same manner. From this description of the proceeding you notice that we enter the structures at the outside of the muscle, and you have accordingly to take your place. In dividing the left sterno-mastoid muscle you stand on the right and before the patient; for the other, you have to assume your place at the head, unless you can use with the same dexterity your left hand, in which case the former position may be retained. As to the proper place of division, it seems immaterial whether you sever the tendon nearer or more remote from its insertion. We chose the place where the tendon when properly tensified is best isolated, and hence most easily accessible. Again, if you anticipate the necessity of dividing both insertions it may be prudent to choose a long bladed tenotome so as to obviate a new entrance nearer to the sternal end.

The after treatment is plain, and comprises the use of the means previously alluded to. A stiff necktie is mostly all that we employ in our practice, and we have had fair success with the same.

As to the division of the scalene or other more deeply-seated muscles of the neck, we shall have another opportunity for discussion.

Communications.

REMOVAL OF MAMMARY SCIRRHUS.

By N. F. Ritter, M. D.,
Of Breinigsville, Pa.

Mrs. W——, aged 45, presented herself to my observation, with a mammary scirrhus of fifteen years progressive growth. She has always been a woman possessed of the most energetic constitution, of good stature, bones and nerves, and of sanguine temperament. To have seen her before the last stages of the disease would have been enough for any observer to infer that no disease of the kind could ever find a repository in her system. Her general health remained unimpaired for the first fourteen progressive years of the disease. However, in the month of February, 1863, she took a general cold, which compelled her to take to bed for two weeks. The general health of the woman thereby became impaired; the tumor tumified, and began to enlarge rapidly, extending its foothold transversely across the pectoral muscles, and longitudinally, one direction, toward the axilla, under which the glands began to enlarge in like proportion. Suppuration commenced and effected an opening; after which, granulation also commenced at such a rapid rate that by the 1st of May following, the tumor was of about four inches in diameter, and about two and a half inches deep.

From the subacute inflammation thus suffered, and the contracting of the tumor, by its extending roots, she was incapable of making free use of the corresponding arm, which has caused anchylosis to take place in the same shoulder joint, to such an extent that she was unable to reach to the occiput.

On the 1st of May she presented herself to my observation, with the above circumstances of the case. Judging that without surgical aid she could not survive long, I enjoined upon her the necessity and advantage of an operation, which from lack of duty on the part of her previous attendants, had not before been performed. Although from an ocular and tactile examination of the diseased parts, any rational observer would have doubted the success of an operation, judging from the limited constitutional affection, the strength of the patient, the hopeless condition of her life if allowed to go on to the final stage; and above all, judging from the *slow* progress of the disease in the initiative stage, over the system, it was reasonable and encouraging not only to the older but also to the younger surgeon, to infer that she would not only stand a good chance to be relieved from the disease for a good while, if not entirely cured, but that she would also bear the operation well—the first thing necessary.

Moved and encouraged by these motives I consulted Surgeon C. C. Field, of Easton, who removed the tumor, while I attended to the healing process. He removed the tumor by an encircling incision; part of the pectoralis major muscle, and scraped one of the ribs to which the tumor firmly adhered. From this circular incision another one was made along the inner margin of the pectoral muscles, extending into the axilla, up to the humerus; having thereby gained access to the axillary glands, of which eight were removed of an extraordinary size, some of which were so closely united to the three most important branches of the axillary artery that it became discreet to tie them before removing the glands, which was done. After that the incision was brought together with a few sutures. This closed the operation, thus briefly described.

I dressed the wound with cold water for twenty-four hours, and administered during this time four grains of sulphs. morph.; after which it was dressed with simple cerate, until suppuration commenced, then with ung. hyd. nit. as long as suppuration continued; and after it ceased, with cerat. calamine and bals. Peru.

As soon as the latter was applied the granulations become pale and deteriorated, and suppuration recommenced: the ung. hyd. nit. was then reapplied, and so alternately continued for eight weeks, at which time the wound was contracted and covered over with a thin skin.

The woman is improving all this while, and has more use of her arm than she had before the cancerous tumor was removed.

Editorial Department.

Periscope.

Faradization.

[We copy the following article on Faradization from the *Canada Lancet*. We are indebted to the courtesy of its editor, Dr. Wm. E. Bowman, who is also the writer of the article, for the use of the illustrations.]

It is now over thirty years since the discovery by Faraday, that wire insulated by a covering of silk or cotton, and encircling a piece of iron, becomes electric at the moment of bringing a magnet into contact with, or separating it from it; the wire being unconnected with either, and remaining unaffected, but on the movement of the magnet to or away from the iron within it. The currents thus induced, run in opposite directions, that is, the end of the wire which gives positive electricity on the application, shows negative on the removal of the magnet, and *vice versa* with the other extremity of the wire, hence the name "to and fro" currents. They become much more perceptible when the iron is bent, and a horse-shoe magnet employed to touch both ends at the same time, as shown in the margin.

Like currents are produced in the wire when placed around the magnet, and its poles touched with soft iron.

Temporary or electro-magnets evolve similar phenomena.

And voltaic electricity from a pile, or a simple pair of zinc and copper plates, when passed through an insulated coil of wire, also generates at the moments of making and breaking contact, the same to and fro currents in another coil placed over it, or with it on the same spool, although not otherwise connected.

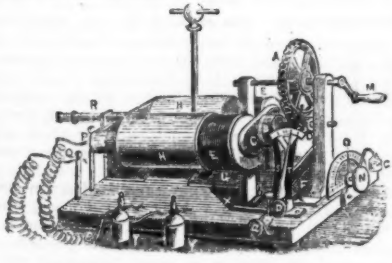
Rheotomes.—It therefore follows that to have continuous induced currents, the contacts and withdrawals of the magnet, or the interruptions in the stream from the voltaic plates, must be numerous and speedy; contrivances for this purpose are styled rhetomes (*i. e.* cut-currents) and have taxed the ingenuity of scientific men in all parts of the world.

It will hence be observed, that although these sympathetic currents are always produced from spools of insulated wire, yet that there are three modes of inducing them, viz:—the permanent magnet—the electro magnet—and the electric coil, the two latter requiring voltaic electricity.

Dr. DUCHENNE of Boulogne, who has devoted a great deal of attention to this subject and whose large work, is without doubt the most complete extant, extensively employs these induced currents, and in honour of their discoverer has denominated their application Faradization, which happy appellation has been at once adopted by the profession at large. When from a permanent magnet, he calls it Magneto-Faradic; and if induced from a battery, Volta-Faradic.

Faradization.—After this explanation it will be seen why by Faradization, is only to be understood the employment of induced or discontinuous electric currents.

Magneto-Electric Machines.—In these the insulated wire is put upon wooden spools, and slipped over the ends of a piece of bent iron, which are turned around in front of a horse-shoe magnet. They are decidedly the cleanest and prettiest instruments for medicinal purposes, and the ones most frequently employed in this country. They come to us from the United States, where they are manufactured cheaply in great numbers, and extensively employed both by medical men and the community at large; and all those, that I have seen, are made to transmit the undivided to and fro currents as generated.—The electrodes (or handles), being alternately positive and negative, pass the electricity backwards and forwards through any portion of the body placed between them. In more perfect instruments, however, of which those of the English makers are not excelled in the world, control may be exercised over one of these sets of currents, and a positive and negative electrode be produced at pleasure, thus enabling the operator to pass the stream in any direction desired. This is of great advantage, for a current running with a nerve is much less excitable than an inverse or mixed one.



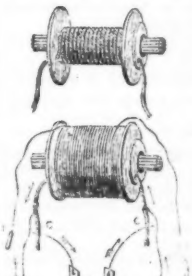
M. Duchenne's Magneto-Faradic apparatus,

In this instrument, invented and employed by Dr. DUCHENNE, the spools are placed over the magnets, and contain first, eighty feet of insulated copper wire 1-50 inch in diameter, over which is wound nearly two thousand feet of another 1-75 inch. In both of these wires are generated the same to and fro currents, which however vary greatly in character, those from the larger being much more powerful, and from the longer and smaller, more penetrating.

Volta-Electric Apparatus.—Soft iron becomes magnetic when surrounded by an insulated coil of wire through which is passing a stream of voltaic electricity; and an instrument could be made precisely like the one with the horse-shoe magnet, but with a power much greater, depending as it would on the strength of the battery employed. But the turning of a handle is unnecessary with a battery, as, to produce Faradic currents, we have merely to place another coil over the temporary magnet, the intervening wire being no hindrance to their development. The top coil must also be insulated, and be unconnected with either the wire beneath, the iron, or the battey.

The current produced on breaking contact runs in the same direction as the battery current, and that on its junction in the opposite way. Faradic currents, as already stated, may be produced by a coil of wire, and pair of plates, alone, but the inducing power of an electric magnet so far exceeds it, that the soft iron helix is never omitted in these instruments, but is withdrawn when a diminution of strength is required. If a bundle of annealed wires, each insulated, be substituted for the bar of iron, forming, as they would, so many distinct magnets, the currents would be still farther intensified; they must not however be encircled by any metal which partially does away with this increase of power.

The wood cut is intended to illustrate the formation of the coil machines.—The top spool has its inducing wire arranged to receive the finer, which is placed over it in the second. The rheotome is not inserted.—The electrodes T. would give the to and fro currents on separating or connecting the wires at C.



Extra currents.—The Volta-electric apparatus possesses an advantage over the magneto-electric instruments in generating an extra current of induction in the larger wire at the instant that the battery is cut off, and unlike that induced in the finer wire, it runs but one way, which is the same as that of the battery; it lasts but for an instant and may be felt strongly at the disks EN. and EP.—It is an induced current in the inducing wire, after each stoppage of the electricity from the Voltaic plates, and is very convenient as a therapeutic agent. And if the to and fro currents, formed in the finer wire, can be divided at pleasure, it gives a very perfect instrument with three sets of currents, the to fro, and single currents, from the long fine wire, and the extra current from the coarser. Those from the first, according to DUCHENNE, being more penetrating and having an especial action upon cutaneous sensibility, and likewise upon the retina; and those of the larger wire upon muscular contractibility.

Induced currents differ, as a therapeutic agent, from Voltaic electricity, in moving alternately in opposite directions, and in being a quick succession of minute shocks; it is to the latter alone however that its superiority is due, for effects, similar in

every respect, may be obtained from a small galvanic battery, if its current be made discontinuous by means of a rheotome.

Induced electricity is decidedly medical electricity, and, apart from its other advantages, is superior to all other forms in producing powerful muscular contractions, without exciting cutaneous sensibility, causing shocks, or tearing the capillary vessels.—And its employment is unaccompanied by risk of altering the tissues by chemical action, an effect which is liable to occur with continuous Voltaic currents.

Electrodes.—By this term is understood the poles or handles attached to the ends of the wires, by which the application of the electricity is made to the different parts of the body. The pair most universally applicable are brass cylinders with wooden handles, as shown at 5; they are intended to hold sponges saturated with salt water. Duchenne's cups and sponges as may be seen, are much larger than those ordinarily employed. Disks, balls, cones of metal, and wood, similar to those used with frictional electricity may all prove useful in Faradization. The exciters fig. 1. are intended for the bladder, and when make a little less curved, answer admirably for Faradizing the os uteri in amenorrhœa. The wires are run through on elastic catheter with a division to keep them isolated. Fig. 2. is for the ear; the cone should be made of wood or ivory. Fig. 3. is a wire brush for stimulating the skin, and producing counter irritation. It should be attached to the negative conductor, when the apparatus allows of divided currents.

A pair of very convenient sponge electrodes may be made by cutting a hollow India-rubber ball in two and inserting a sponge into each half as shown in fig. 6.

In applying electricity, it must be recollected, that the stream passes into the body at the positive electrode, and out at the negative one, on its way to complete its circuit.

By a direct current is understood one that follows the course of a nerve and consequently of nerve force; it is produced by placing the positive conductor on a nerve nearer to its origin in the brain or spinal cord, than the negative one. Or in other words, to cause a direct current, the negative electrode must be placed upon a nerve nearer to its point of distribution than the positive one. Inverse currents, as their name implies, run in a contrary way to nerve force, and the electrodes are reversed to produce them.

Direct currents, although occasioning contractions in the muscles to which a nerve is distributed, has the effect of decreasing for a time the excitability of the nerve itself. It is owing to this important power, that it is so desirable to be able to employ them alone; for the reverse currents of the to and fro instruments stimulate and counteract this effect. But when these double currents are very intense, the inverse become overpowered by the direct.

From these facts it will be deduced that feeble and long contined to and fro currents are best adapted to rouse vitality and exercise a tonic influence upon weak or atrophied tissues.

The human body is not a good conductor of electricity when compared to metals; its most impregnable part, however, is the epidermis, the resistance of which when dry has been placed by Lenz, after many experiments, as high as 36 times that of the conducting wire alone. The skin once passed however, he found the structures beneath not to exceed five times. Persons accustomed to working with Voltaic batteries, are perfectly aware of this great difference, from the increased facility and power with which the current enters the hands through the least scratch or abrasion of the cuticle, and the severe pain it occasions at these points.

Reviews and Book Notices.

A Manual of Instruction for Enlisting and Discharging Soldiers, with special reference to the Medical Examination of Recruits, and the detection of disqualifying and feigned diseases. By Roberts Bartholow, A. M., M. D., Assistant Surgeon U. S. A.; Surgeon in charge of McDougal General Hospital etc., etc. Adopted by the Surgeon-General for issue to Medical Officers of the Army. 12 mo. pp. 276. Philadelphia: J. B. Lippincott & Co. 1863. Price, $1.25.

The object of publishing this little work is fully set forth in the elaborate title page quoted above. It is the second publication of the kind that we have recently had occasion to notice. This was issued at the instance of Surgeon-General Hammond to supply a want felt by those who were called upon to examine recruits and disabled men.

In preparing the work Dr. Bartholow has availed himself of his own somewhat extended observation and experience in the army, of the labors of a medical commission, of which he was a member, convened at Washington to determine the mental and physical infirmities which should exempt under the Enrollment Act, and of a number of foreign works on the same subject.

The work is not intended for professional experts, "but for such examining surgeons, medical and recruiting officers as have not had, heretofore, an opportunity to become informed on these subjects." It seems to be well adapted for this purpose. The plan is very similar to that of other works on the same subject. The text is brief, the explanations and descriptions clear and to the point. The publishers have done their portion of the work in a very neat and substantial manner.

Hints on Health in Armies, for the use of Volunteer Officers. By John Ordronaux, M. D., Professor of Medical Jurisprudence in Columbia College, New York. Second edition, with additions: D. VanNostrand, 192 Broadway.

A well written and comprehensive *vade mecum* on a most important subject, treating of the hygiene of barracks, of the march, the camp, of food, clothing and tents, the medical examination and education of recruits, the prevention of diseases in general, and the individual preservation of health; of convenient size for the pocket, simple in style, and adapted to the understanding of every one who can read, this little work is a valuable addition to the resources of our volunteer armies. It is calculated to save thousands of lives, by the inculcation of the soundest principles of sanitary law, and we would be glad to learn of its general introduction among the troops. A wealthy patriot could find no better mode of testifying his desire to be of service to his country than by distributing it freely among our soldiers in every division. Its author has done a good work, which we trust will be properly appreciated. Nor is it adapted solely to the army, its valuable precepts are of universal application in every household and to every individual.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 26, 1863.

PREMIUMS FOR NEW SUBSCRIBERS.

In response to frequent suggestions we have determined to offer strong inducements to subscribers to aid in extending our circulation. There is no way in which a physician can spend money to better advantage than in the purchase of books. Subscribers will add ONE DOLLAR'S WORTH OF BOOKS *to their libraries hereafter, for every new subscriber they send us with the subscription money in advance for a year.* The books will be sent by mail, postage paid.

Those who send new names will please designate any book or books they wish, provided only they are published in this country, to the amount of one dollar for each new name sent with the subscription for a year in advance.

For any effort made by our subscribers to extend the circulation of the REPORTER they will be well repaid in the improvements it will give us the means of making in the work. The REPORTER is already the most widely circulated medical journal by far in the United States, but we are anxious as speedily as possible to double its circulation that we may be enabled to add correspondingly to its interest and usefulness.

We print on another page a list of the more important medical books published, from which selections may be made.

SANITARY REFORM NEEDED.

A New York paper of the 8th inst. says—"*The Board of Health met yesterday for the first time in three years!*" The object of the meeting was simply for the purpose of directing the City Inspector to clean the streets in order that he might have the use of a contingent fund of $35,000 to make up a deficiency in that department.

When it is considered that New York claims to be the third city in the world in point of numbers, having a population of about a million souls, and that for the three months ending with the 31st ult., she had a total mortality of 7,602, averaging 585 per week, and an infantile mortality (under two years of age) during the same period, of 3,503, averaging 270 per week, such an announcement seems monstrous. But the utter disregard of the sanitary interests of the populace of that great and important city, on the part of her municipal authorities is matter of notoriety. With almost unequalled facilities for thorough drainage, and the removal of filth, garbage, etc., her system of drainage remains imperfect, and the accumulations in her streets, lanes and court-yards are sufficient to account for her high rate of mortality.

The profession of New York, aided by the heaviest tax-payers in the city, have for years been trying to get the State Legislature to pass a Municipal Health Law, such as is imperatively needed by a city with so large a population and one having such intimate commercial relations with every part of the country, as she has. But demagogueism, corruption and bribery have hitherto defeated this laudable effort, and this great city of New York now rejoices in the possession of a Board of Health which meets once in three years!

While we thus animadvert on the sanitary derelictions of the municipal authorities of New York, we have not a word of apology to make for our own city. Time was when Philadelphia was a model of cleanliness, but the present condition of the city warns us that that day is past. Our mortality, too, during the past three months, though less than that of New York, has been terribly large. The laws of nature cannot be violated with impunity. If in our persons, our domiciles, or our towns and cities we are uncleanly, we must expect to pay the penalty in the forfeit of adult life, which is the capital on whose interest the community lives, or infantile life, the hope of the future, to "the pestilence which walketh in darkness and the destruction that wasteth at noon-day."

The day of reckoning may come upon us when we are the most confident in our fancied security. Both these cities have had their epidemics that have decimated their populations, and in the enforcement of proper sanitary laws consists the only hope of exemption from future visitations. The good effect of proper sanitary regulations rigidly enforced is well exemplified in the sanitary condition of New Orleans, which for two summers under military rule has entirely escaped epidemics of yellow fever, a result, we believe, never before attained in that city. The same rigid enforcement

of sanitary laws by military power has kept all our large armies on the Southern seaboard in a remarkably good state of health for two summers. The application of martial law in New York and Philadelphia would seem to be the only hope at present of a thorough and much needed sanitary reform.

DANGEROUS FORMS OF QUACKERY.

We have never known quackery to put on so bold a front as it does at this time. As an evidence of this, we have but to refer to the columns of our daily and weekly newspapers, and to the shelves of most of our drug stores. The former are burdened with the advertisements of quack surgeons and quack doctors, aad the latter are groaning with the weight of medicines of every description. Itinerant eye and ear surgeons (?) under assumed names, monopolize whole pages of our large city dailies with elaborate treatises on diseases of those tender organs, calculated to fix popular attention and entrap the unwary. The amount of pseudo-learning that they profess is only equaled by their brazen impudence, and their pretensions to skill by the irreparable damage they do to the sensitive organs of sight and hearing of their dupes.

But extensive as are the evils connected with the operations of these traveling oculists and aurists with the hard names, all of them professing to be students of European surgeons of eminence, who in all probability never saw or heard of them, they may merely involve the loss of the sense of sight or of hearing. Bad as that is, there is a worse form of quackery prevalent now; one which, if we may judge by the various forms it takes, and the extent to which the advertising is carried on in the newspapers, must receive a very heavy patronage at the hands of the public. We refer to the various forms of "Bitters" which are so extensively thrust down the throats of the community, and whose virtues are elaborately set forth in the daily and weekly newspapers, not excepting most of the *religious* papers of the day.

If these were the mere vile decoctions of bitter herbs that they profess to be, it would be a matter of small consequence. Little harm might be done. But in nine cases out of ten, these "Bitters" are nothing more or less than alcoholic liquors in some form, principally gin and whiskey. The immense consumption of these alcoholic "bitters" by the community is perfectly astounding, and the amount of evil that their use is laying up in store for the rising generation, in begetting a taste for the inebriating cup, is beyond computation. In the sale of these vile alcoholic compounds, almost every drug and grocery store in the land is in reality a dram shop, without the formality of taking out a license and paying a tax to ease their consciences!

This evil has grown to such a magnitude that it is high time that legal restraints were thrown around the sale of these vile "bitters." These nostrum venders are putting a poisoned chalice to the lips of our sons and our daughters, and the crop that will be reaped by the community will be a harvest of drunkards and vagabonds to its utter confusion and disgrace, and the burdening of our almshouses and prisons, and the consequent increase of our taxes for their support. If our druggists and grocers are going to be allowed to sell gin and whiskey by the quart, under the name of "Bitters," let us have the poor consolation of knowing that they pay an extra tax for the privilege, as tavern keepers do.

Let our profession lose no opportunity of warning the community against these villainous compounds particularly, as well as against all forms of quackery.

Notes and Comments.

Mortality Statistics.

Our readers will observe a very great improvement in our mortality table, by which we give at a glance the deaths in several of the larger cities from all the zymotic diseases, and the principal sporadic ones, in a way that will enable them to see the comparative mortality in each city, and the proportionate mortality to population. The statistics are taken from the official records in the several cities and are wholly reliable. A glance at this table will give a very fair idea of the condition of the public health throughout the country.

We are indebted to the courtesy of Drs. Ramsey of New York, and G. E. Morgan, of Baltimore, and Mr. N. A. Appolonio, of Boston, Registrars of Health in those cities, for sending us early official copies of their reports.

The Surgeon-General.

Dr. HAMMOND has already returned from his tour of inspection to the hospitals in the Department of the South. The inspection must have been a hasty one, as his absence was very brief.

Surgeon Prisoners.

What has become of the non-combatant theory as applied to surgeons, that so much was said about in the early part of the war? On another page will be found a long list of surgeons who are prisoners in the rebel dungeons at Richmond. Why are they not released? Do we hold rebel surgeons as prisoners? If so, why?

We had hoped that our country had set the example to the world, of regarding and treating surgeons and chaplains as non-combatants, and immediately releasing them.

Correspondence.

FOREIGN.

LETTER FROM Dr. W. N. COTE.

PARIS, *September* 10th, 1863.

Ice in the treatment of Diphtheria.

Diphtheria, an affection which comprises those known under the various names of *bad sore throat*, *angina*, *croup*, and the French *angine coenneuse*, has hitherto been considered one of the most difficult to cure. The *Revue Thérapeutique* now contains a paper by Dr. A. DE GRAND BOULOGNE, late French vice consul at Havana, in which he mentions ice as an infallible specific. As this, from its extreme simplicity, would, if effective, be far superior to any yet tried, I cannot refrain from quoting the cases mentioned by the author, who had published this remedy as far back as February, 1860, and consequently complains (not without reason, if its efficacy is such as he describes it,) of the inexcusable negligence of practitioners in not taking notice of it, and thereby allowing many valuable lives to be lost. The following cases came under his observation after that date. In March and April, 1861, the disease in question broke out under an epidemic form, and chiefly attacked adults with such virulence that in one week three young women died in a single house. One of Dr. DE GRAND'S patients afflicted with blephacite was seized with it, and as he could not immediately attend, owing to the severity of the case, another physician was called in, who ordered emetics and aluminous gargles, which produced no effect. At length Dr. DE GRAND came, and found the tonsils greatly swollen and a false membrane covering them. He immediately administered small pieces of ice, and by the following morning the tumefaction of the tonsils had diminished by half, and the false membrane had nearly disappeared. That very evening she was enabled to take food. Profiting by this example, a few days after her brother was seized with sore throat, presenting the same preliminary symptoms as those of his sister, but he, without waiting for the doctor, at once took ice and was rid of his sore throat in a few hours. Some days later Dr. DE GRAND was summoned to a young lady who had been laboring under the disease for the last forty-eight hours; all remedies had failed, and the parents, relations and friends of the family were immersed in the deepest sorrow. When Dr. DE GRAND ordered ice, a general cry of astonishment was uttered by all present. Ice for a sore throat? Impossible! It was sheer murder! Dr. DE GRAND maintained his ground, and after much expostulation, during which precious time was lost, he obtained his end. Before twenty-four hours were over, the patient was in full convalescence. Being at Vera Cruz on a mission, he was requested to see a young man who was attacked with malignant sore throat, and had been treated without effect by cauterizations with hydrochloric acid and astringent gargles. Here again he had to battle with the prejudices of the family, but was at length allowed to administer ice. The young man recovered in the course of the following day. Dr. DE GRANE has now been using this remedy for the last twelve years without having met with a single failure. This is what he says, but even if only half of what he says were true, the method should be tried by others. Cold gargles have been employed with success by Dr. BLANC, of Strasburg—why not *ice?*

"Red water" in Sheep caused by Infusoria.

In a paper sent in to the Academy of Sciences, M. DEVAINE describes certain infusoria which people the blood of sheep attacked with what in French is called *sang de rate*, the English name of which seems to be *red water*. In 1850, M. BAYER had inoculated a sheep with the blood taken from the milt of another which had died of the disease in question, and this inoculation caused death on the third day. Further inoculations showed that this disorder is transmissible to the ox, horse and other animals, which it kills in the course of two or three days. Since then, M. DEVAINE has been engaged in further researches on this disease, and found, by means of the microscope, that the blood of sheep that have died of it contains a vast number of *bacteria*, a kind of animalcule shaped like a cylindrical wand. This animalcule has never been met with in the blood of healthy sheep. Your readers may recollect that M. PASTEUR, in February, 1861, showed butyric ferment to be composed of the same kind of infusoria, and this subsequently led M. DEVAINE to the conclusion that they must act as a ferment upon the blood. Having therefore obtained some fresh blood from a sheep that had died of the disease, he, on the 21st of July, inoculated two rabbits and a rat with it, having previously ascertained that their blood was perfectly pure and healthy. Twenty-four hours later their blood still appeared quite free from bacteria. Forty-three hours after the inoculation one of the rabbits was in a dying state, and its blood, drawn from the tongue, contained an immense number of bacteria, identical with those of the sheep

The blood of the second rabbit, examined forty-eight hours after inoculation, presented no trace of bacteria, but on the following day, sixty-three hours after the inoculation, the animal died suddenly, and its blood, examined half an hour after death, contained a large number of bacteria, similar in every respect to the preceding ones. Another rabbit, inoculated with this blood, died seventeen hours after, and was also found infected. The rat, which still appeared to be in perfect health, was inoculated a second time with the blood of the first rabbit, but strange to say is still alive, and its blood is in usual normal state.

A New Theory.

The question of the existence or non-existence of a vacuum dates from the earliest ages of civilization. Descartes endeavored to solve the difficulty by his vortices, a theory according to which there is no empty space, and the universe is made to spin round certain centres of attraction, forming more or less complex systems. After him came Newton, who overthrew his system by the theory of universal attraction, which, of necessity admits the existence of an immense vacuum, which natural philosophers have subsequently filled up with an imaginary fluid they call ether, to which they gratuitously, and without a particle of evidence in their favor, attribute the generation of light. A third hypothesis has now been started by M. Hoefer, and not in all likelihood without some chance of success. The earth, and all the other heavenly bodies are each enveloped in an atmosphere, the limits of which have not yet been determined. We live in our atmosphere as fish live in the sea—we are the crustacea of a vast ocean of air, which we know to be traversed by currents in different directions. This ocean is denser at the surface of the earth than at the top, and just as we see the watery oceans of our globe enveloped in another ocean of much inferior density, so nothing prevents our supposing the latter ocean also to be enveloped by another still lighter one, and this again by another, and so on, until all space is filled by matter. In this manner all the planets and satellites which are mere elementary particles of our universe, (itself a mere nebula, perhaps, in a much vaster world than we have any idea of,) are in communication with each other. It is easy to see that this theory bears the strongest resemblance to that of the vortices, with this important difference, that, while Descartes supposes the maximum density to exist at the extreme limit of each system, M. Hoefer, on the contrary, places it at the centre, a supposition more in accordance with what we know about matter than the contrary one.

Singular effect of Fright.

A very interesting fact in a physiological point of view, has just taken place at Kenezew, in the Palatinate of Plock. A detachment of one hundred Cossacks had just invaded the village, and were preparing to pillage the chateau. At the same moment M'me. Wiwerska, wife of an ex-colonel of the Polish army, and mother-in-law of the proprietor, M. Wosinoki, was apparently to breathe her last, and the family, with the death wax-light in their hands, surrounded her bed. At the cry of the Cossacks, who had come to lay hold of her son-in-law, the dying woman sat up, then got out of bed, and, with the most perfect presence of mind, gave such orders as were necessary under the circumstances. The danger to which her children were exposed re-animated her departing spirit. She is still alive, but has frequent hysterical attacks. So says the story.

Absorptive power of the Skin.

Dr. Parisot has addressed two papers to the Academy of Sciences, on the absorptive power of the skin, for the purpose of testing the efficacy of baths. The following substances, viz.: iodide of potassium, the yellow cyanide and chlorate of the same, sulphate of iron, belladonna, fox-glove and rhubarb, he has tried upon himself, and some of them upon patients whose state required it. The baths were taken early in the morning, fasting, the temperature of the water ranging between 28 and 30 degrees Centigrade (80–86 degrees F.), that of the air being between 18 and 27 (62–79 F.). The duration of the immersion was from one to two hours for Dr. Parisot himself, and from thirty minutes to one hour for his patients. The results obtained were, that salts and the coloring matter of rhubarb dissolved in water are not absorbed by the skin, and that vegetable poisons, such as fox-glove and atropine, dissolved in water, are also not absorbed by the skin, because after a lengthened stay in the baths no symptoms of poisoning are experienced. Dr. Parisot's experiments on water, chloroform and ether are peculiarly striking. The body of an infant which had died twelve days after birth, was laid in a bathing tub, the water of which was incessantly renewed by a permanent influx and efflux of the liquid—the head was kept above water. At the end of twenty-four hours, the body, which weighed 2,050 grammes (4 pounds and 1¾ ounces) before the immersion, weighed 2,055 grammes. Being afterwards left for twenty-four hours in the laboratory, and then weighed, it was found to have lost the five grammes it had gained in the bath. Now the epidermis has a sebaceous coating everywhere except on the palms of the hands and the soles of the feet—it remained therefore to be seen whether the imbibition had been effected throughout, or only at the hands and feet. In another series of experiments the palms and soles of certain subjects were coated with turpentine, while those of others were not—and the result was, that the former did not increase in weight by immersion, while the latter did. Hence the palms of the hands and the soles of the feet must be considered the only points of the human body through which imbibition can take place, they being deprived of that sebaceous covering which acts as a protecting varnish all over the rest of the body. Chloroform, alcohol and ether dissolve the sebaceous matter more or less completely, and hence the substances dissolved in them may penetrate to the derma. Dr. Parisot dissolved five centigrammes (one grain) of atropine in twenty grammes (five drachms) of

chloroform; he then steeped cotton in the solution and applied it to the forehead of a person; the extension of the pupil became visible after the lapse of three minutes—two minutes later it was complete and equal on both sides—after a quarter of an hour the skin was found to be red and burning. All these symptoms disappeared in the course of an hour. Substituting alcohol for chloroform, the action was greatly retarded, the dilatation not taking place until half an hour's application, and the redness and heat of the skin were hardly perceptible. Atropine dissolved in water slightly acidulated with acetic acid produced no effect whatever.

DOMESTIC.

MALIGNANT TUMOR OF THE RIGHT AXILLA.

EDITOR MEDICAL AND SURGICAL REPORTER:

T. K., a private, 18 years of age, was admitted to University Hospital, New Orleans, La., the 21st of July, 1863. He had been suffering for two years past, from a tumor, situated at the right axilla, which had increased for the last three months to such an extent as to disable him, on account of its position, from the performance of military duties.

At this period he was very anæmic and entirely unfit for being operated upon. The tumor was hanging down like a well developed mamma, having at its internal extremity a yellow looking nipple, which soon broke, discharging some granular matter. His medical attendant ordered tonics and stimulants, to prepare him for his only chance of recovery.

Till about the 15th of August, his condition gradually became better; from this date however, he suddenly failed; the skin covering the extremity of the tumor, commenced to slough, increasing so as to soon leave the entire substance exposed. The discharge was very offensive, annoying to himself and to others. He became scorbutic and a burden to himself; a few days before his death he asked to be operated upon, his request however, was not complied with, as all considered that there was no possibility of saving life; he died August 27th, 1863.

The autopsy was made. The tumor proved to be situated under the pectoralis major muscle extending up to the clavicle, resting somewhat upon the serratus magnus, and touching the intercostal muscles. It contained the entire brachial plexus with exception of the axillary artery and vein, and median nerve.

According to the microscopical examination the tumor was of a malignant character, cells of various form and size containing granular matter being found. There were no other traces of cancroid disease, the lungs and heart being normal, the liver was congested, spleen and kidneys little enlarged, intestines in good condition.

HERMANN BAUER,
Medical Cadet, U. S. A.

NEW ORLEANS, *September*, 1863.

Army and Navy News.

Promoted.

Assistant Surgeons JOS. W. SHIVELY, HENRY F. MCSHERRY, JOHN J. GIBSON, and SAMUEL J. JONES, promoted to surgeons in the Navy.

Restored to Commission.

The following officers heretofore dismissed are restored, provided the vacancies have not been filled by the governors of their States:—

Assistant Surgeon SHERMAN MORSE, Second New York Cavalry, with pay from date of rejoining regiment.

Resigned.

Dr. FRANK H. HAMILTON has resigned his position as Medical Inspector of the United States Army.—He has been laboring in the army of the Cumberland. He takes up his residence in New York City, and will probably devote himself to private practice and the interests of his Professorship in the Bellevue Hospital Medical College.

Dismissed.

The following Surgeons are officially announced as having been dismissed the service:—Surgeon EDWARD C. MUNDY, 12th N. Y. Cavalry, absence from duty without proper authority.

Surgeon W. F. FUNDENBERG, One-hundred-and-seventy-sixth Pennsylvania drafted militia (dishonorably), with loss of all pay and allowances.

Naval Orders.

Assistant Surgeon WATSON C. HULL detached from the St. Marys (sick) and waiting orders.

Assistant Surgeon ISAAC H. HAZLETON, ordered to the navy yard, Boston.

Surgeon SAMUEL J. JONES, detached from the naval rendezvous, Philadelphia, and waiting orders.

Assistant Surgeon JOHN PAUL QUINN detached from the Navy Hospital, New York, and waiting orders.

Asisstant Surgeon C. J. CLEBORNE ordered to the Naval Rendezvous, Philadelphia.

Assistant Surgeon SAMUEL H. PELTZ detached from the Chocura and ordered to the Patapsco.

Assistant Surgeon WM. L. WHEELER, detached from the Patapsco and ordered North.

A Heavy Invoice of Surgeons.

By the U. S. steam transport Fulton, at New York on the 22d from Port Royal, S. C., the following Surgeons arrived from the Department of the South; Surgeon-General HAMMOND, Drs. S. ADAMS, SCOFIELD, BOYNTON, CHRISTY, MACOMBER, BUNDY, GROVER, FREEMAN, and DELAVAN, also, MRS. Dr. MARCH, and Dr. J. M. CHENEY of the rebel army.

Surgeons in the Libby Prison.

The following is a list of Union Surgeons confined in Libby Prison:—

W. V. HOUSTON, 122d Ohio, captured June 15th.
W. F. MCCURDY, 87th Pennsylvania, June 15th.
ALLSTON W. WHITNEY, 13th Mass., June 20th.
W. A. RODGERS, 3d Tennessee, June 19th.
WM. SPENCER, 73d Indiana, April 30th.
J. L. MORGAN, 10th Massachusetts, May 13th.
C. E. GOLDSBOROUGH, 5th Maryland, June 15th.
H. L. PIERCE, 5th Maryland, June 15th.
LEWIS APPLEGATE, 102d New York, July 2d.
T. C. SMITH, 116th Ohio, June 15th.
A. A. MANN, 1st Rhode Island Cavalry, June 18th

R. P. McCandless, Ohio, June 15th.
A. S. Looker, 5th Illinois Cavalry, May 20th.
C. T. Simpers, 6th Indiana, June 15th.
F. M. Patten, 12th Virginia, June 15th.
O. Nellis, 3d Virginia Cavalry, July 19th.
W. B. Myers, United States Navy, steamship *Georgia*, May 14th.
W. F. Bowler, 12th Penn'a Cavalry, June 15th.
J. L. Brown, 116th Pennsylvania, June 15th.
—— Ketchum, 83d New York, June 20th.
D. B. Wren, 75th Ohio, June 20th.

News and Miscellany.

Pension Examining Surgeons.

The following additional appointments have been made by the Commissioner of Pensions:

Maine—Dr. E. Russell, Farmington.
Illinois—Drs. Francis Ronald, Granville; L. M. Ely, Mt. Carroll.
Michigan—Dr. Ira H. Bartholoman, Lansing.
Iowa—Dr. John E. Ennis, Lyons.
Colorado Territory—Dr. D. W. King, Empire.

The list of Pension Surgeons just published shows the entire number appointed previous to Aug. 18, 1863, to be as follows:

Maine, 25; New Hampshire, 22; Vermont, 22; Massachusetts, 32; Rhode Island, 2; Connecticut, 10; New York, 89; New Jersey, 14; Delaware, 2; Pennsylvania, 65; Maryland, 4; West Virginia, 4; Kentucky, 4; Ohio, 69; Indiana, 50; Illinois, 54; Michigan, 21; Wisconsin, 31; Iowa, 22; Minnesota, 6; Missouri, 7; Kansas, 8; Colorado Territory, 1; Nebraska Territory, 4; District of Columbia, 1—total, 569.

About thirty have been appointed since the list was published, which will make the entire number near 600.

Administration of Quinine.

The bitter taste of quinine is easily concealed by putting the powder to be exhibited on a portion of the white of an egg and covering it with another portion. In this manner children, or the most "spleeny" adults will swallow it readily.—*Chicago Medical Journal.*

Poisonous Ballet Dresses.

It is stated that the first representation of a new piece has just been given at Hamburg, in which the female dancers appeared in green costumes to represent water-nymphs. The stuff of which these costumes were made contained such a quantity of arsenic that the needlewomen who made the dresses fell ill, and the dancers were attacked with violent symptoms of poisoning whilst on the stage.—*Lancet.*

Cholera.

Accounts from China state that cholera was raging fearfully in Shanghæ in July.

MARRIED.

Jacoby—Wentz.—On Tuesday, September 15th, by the Rev. D. C. Millett, Dr. Benjamin F. Jacoby, of Allentown, Pa., and Miss Ellen Wentz, of Whitemarsh, Montgomery County.

North—Buck.—In New York, on Thursday, Sept. 24th, by Rev. George L. Prentiss, D. D., Alfred North, M. D. of Waterbury, Conn., and Amelia H. Buck, daughter of Gurdon Buck, M. D., of New York.

Perry—Bush.—At the residence of the bride's father, on Wednesday evening, September 9th, by Rev. J. M. Perry, Mr. S. O. Perry, of Lower Providence, Montgomery County, and Carrie B., daughter of Dr. A. Bush, of East Coventry, Chester County, Pa.

Wills—Veazey.—On Thursday, 17th inst., by Rev. Mr. Shield, S. E. Wills, M. D., and Miss Mary Emma, youngest daughter of the late Governor Thomas B. Veazey, all of Cecil County, Md.

METEOROLOGY.

September	14,	15,	16,	17,	18,	19,	20.
Wind	S. E.	E.	S. E.	E.	S. W.	S. E.	N. W.
Weather	Cl'dy.	Clear.	Clear.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.	Clear.
Depth Rain					8.10	2.10	
Thermometer							
Minimum	60°	60°	63°	64°	67°	53°	46°
At 8 A. M.	68	69	68	74	76	56	55
At 12 M.	71	73	75	80	77	54	56
At 3 P. M.	73	76	78	83	74	54	58
Mean	68	69.5	71	74.5	73.5	54.2	53.7
Barometer.							
At 12 M.	30.3	30.3	30.2	30.1	29.7	30	30

Germantown, Pa. B. J. Lukens.

VITAL STATISTICS.

	Philadelphia. Week ending Sept. 19.	New York. Week ending Sept. 21.	Baltimore. Week ending Sept. 21.	Boston. Week ending Sept. 19.	Providence. Month of August.
Popl'n. (estimated.)	580,000	950 000	240,000	180,000	52,000
Mortality.					
Male	147	221	55	52	80
Female	120	246	64	53	78
Adults	128	195	38	48	54
Under 15 years	131	267	81	57	68
Under 2 years	100	207	59	27	158
Total	267	467	119	105	...
Deaths in 100,000	46.03	49 15	49.58	58. 3	303.84
American	193	322	...	24	126
Foreign	52	145	...	81	32
Negro	9	5	15	1	6
Zymotic Diseases.					
Cholera, Asiatic	...	...	...	...	1
Cholera Infantum	14	51	12	17	35
Cholera Morbus	1	6	5	2	4
Croup	9	12	4	5	2
Diarrhœa	3	25	...	5	11
Diphtheria	17	10	4	1	...
Dysentery	12	14	4	7	25
Erysipelas	...	...	...	...	1
Fever, Intermittent	...	...	...	...	...
Fever, Remittent	1	...	...	...	...
Fever, Scarlet	1	7	4	3	...
Fever, Typhoid	9	7	3	3	3
Fever, Typhus	1	8	...	2	4
Fever, Yellow	...	...	...	...	...
Hooping-cough	2	6	7	4	...
Measles	...	...	...	...	1
Small Pox	1	2	2	...	...
Syphilis	1	...	...	1	...
Thrush	...	...	...	...	1
Sporadic Diseases					
Albuminuria	...	8	...	...	...
Apoplexy	6	2	...	2	1
Consumption	27	64	12	10	10
Convulsions	13	25	5	...	9
Dropsy	5	7	2	2	...
Gun-shot Wounds	2	...	...	...	...
Intemperance	2	1	...	1	1
Marasmus	18	47	...	4	1
Pleurisy	1	...	...	...	...
Pneumonia	7	22	3	4	2
Puerperal Fever	...	...	...	...	...
Scrofula	1	...	...	...	...
Sun Stroke	...	...	...	...	1
Violence and Acc'ts	17	13	3	2	5

* Under 5 years.

TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE of the sheet. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.